

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | JB | | 01-03-11 |
| O.I.P.E. CLASSIFIER | JZ | | 7-11-01 |
| FORMALITY REVIEW | ATM | 1061 | 8/16/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------------------|------|
| Final Original 01 | 05 |
| Final Original 23 | 28 |
| Final Original 02 | 09 |
| 1 ✓ ✓ | |
| 2 ✓ ✓ | |
| 3 ✓ ✓ | |
| 4 ✓ ✓ | |
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| Claim | Date |
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| Final Original 51 | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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W 117